

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09784846</div>		FILING DATE <div style="font-size: 1.2em; font-family: monospace;">02/15/01</div>	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4									
TOTAL DEP.	28									
TOTAL CLAIMS	32									
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TOTAL DEP.										
TOTAL CLAIMS										